

LICENSE APPLICATION

Please provide information for each of the following questions by listing company names, addresses, telephone numbers and contact persons. Failure to do so will result in a delay in processing this application. References must reflect those of Applicant.

Applicant:	
(Name of company, corporation	n, organization or individual)
Contact Person(s):	Other Charles I Time
Address:	
Phone No:	Fax No:
Is Applicant a non-profit corporation? ? Yes ? No	
If the Applicant is a corporation, please list the names, titles and addres	sses of the officers:
Name and Title of person who will sign contract:	Phone:
BANK REFERENCE (Account must be in the same name as Applicant show	m ahaya)
Bank:	
Address:City/State/Zip:	
FACILITY REFERENCE (List theaters, auditoriums, arenas, hotels and/or extime leasing a facility, write "N/A".) Facility:	_ Contact:
Address:	
City/State/Zip:	
Name of Event:	
Facility:	Contact:
Address:	Phone:
City/State/Zip:	
Name of Event:	
Facility:	Contact:
	Contact:
Address:City/State/Zip:	
Name of Event:	
Facility:	Contact:
Address:	Phone:
City/State/Zip:	Date(s) of Event:
Name of Event:	

BUSINESS REFERENCES (List companies with which Applicant has done business. If you wrote "N/A" for Facility References, please list four (4) business references.) Contact: Company: Phone: _____ Address: City/State/Zip: Phone: Address: City/State/Zip: Company: _____ Contact: _____ Address: Phone: City/State/Zip: Phone: Address: City/State/Zip: This application will NOT be processed/approved if information is incomplete or inaccurate. No dates can be held or contracted without an Approved License Application. This is not a legal contract and is not binding on either the Applicant or the City. DO NOT make any advance arrangement regarding facility usage or promotion until a contract has been fully executed with the City of Houston Convention & Entertainment Facilities Department. An approved application will be kept on file and is acceptable for rental of all Convention & Entertainment Facilities. I hereby confirm that the above information is true and correct to the best of my knowledge. Signature of Applicant Date (Person who will sign contract)

Please return this application to:

Wortham Center 510 Preston Houston, Texas 77002 (713) 237-9313 Fax Attn: Booking Dept.

A = ______ x5 = _____ B = _____ x3 = _____ C = _____ x5 = _____ D = _____ x3 = _____ E = _____ x3 = _____ Total ______ Contract Deposit ______